NEWBORN CARE ONSITE TRAINING REPORT IN LAMWO DISTRICT

HELPING BABIES SURVIVE

(MADI-OPEI AND PADIBE HC IVs)
from 24 TH TO 28 TH JUNE 2024

Compiled by the Trainers

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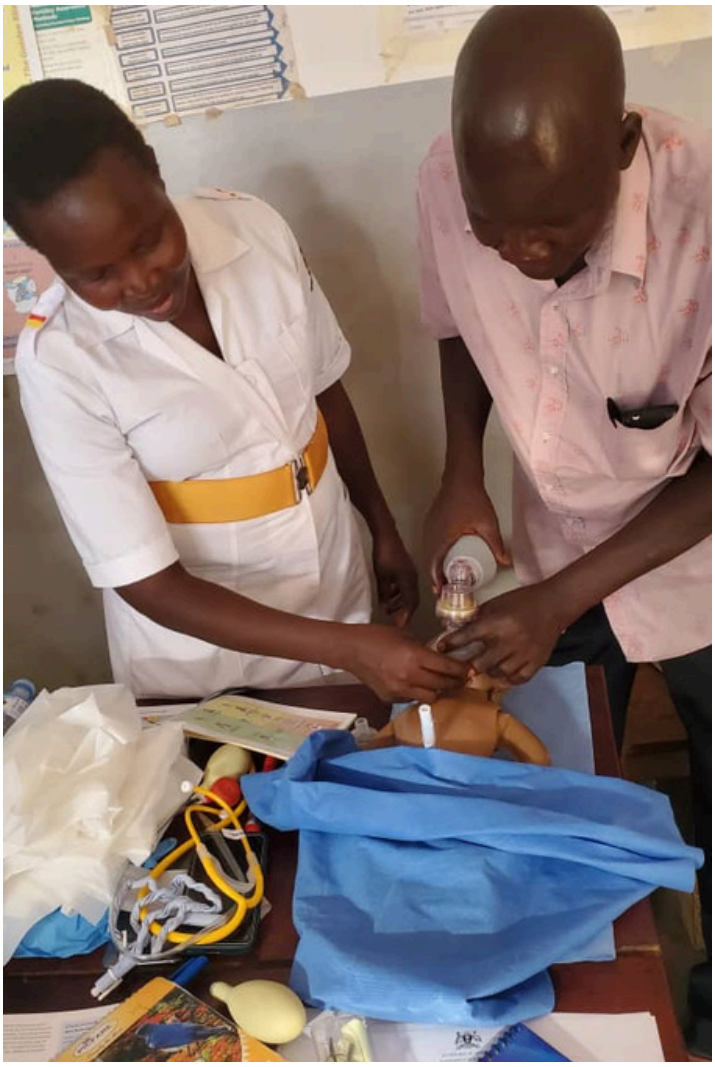


EXECUTIVE SUMMARY

UNICEF conducted the Essential Newborn Care (ENC 1&2) training in Lamwo district from June 24th to June 28th, 2024, spanning two locations: Madi-Opei and Padibe HC IV. The training aimed to enhance the skills of healthcare teams from various facilities including Padibe HC IV, Palabek General Mission HC III, Padibe West HC III, Katumu HC III, Palabek Ogili HC III, Okol HC II, Madi Opei HC IV, Pawach HC III, and Agoro HC III. A total of 39 participants attended the training, achieving a completion rate of 90% with a dropout rate of 10%. The training utilized diverse adult learning methodologies such as modified lectures, experiential learning, small group discussions, demonstrations, and return demonstrations to effectively impart essential newborn care skills.

A substantial portion of participants are Enrolled Nurses and Enrolled Midwives(30.7%), highlighting a strong representation of front-line healthcare providers. The presence of Medical Officers and Clinical Officers(10.3%) indicates an inclusion of higher-level medical professionals in the training.

Participants in the training showed notable improvement in both knowledge and practical skills related to essential newborn care. Initially, pre-knowledge scores ranged widely from 35% to 95%, but post-training assessments revealed substantial progress, with the majority scoring between 85% and 100%.

In the practical assessments (OSCE A and OSCE B), participants initially struggled with low pre-training scores, with many scoring below 50%. However, following the training, there was a significant enhancement in performance. Post-training OSCE A scores improved notably, with most participants achieving scores above 80%. Similarly, OSCE B scores showed marked improvement, with numerous participants reaching near-perfect scores.

Overall, the training underscored the participants' solid grasp of essential newborn care, reflecting their daily practice as midwives. Pre-test assessments ranged from 44% to 92%, while post-training assessments showed a minimum score of 76% and a maximum of 100%, demonstrating substantial learning and competency gains across the board.

BACKGROUND

In Uganda, despite efforts to improve maternal and child health, newborn mortality remains a significant challenge. According to the Uganda Demographic and Health Survey (UDHS) 2022, the neonatal mortality rate stands at 22 deaths per 1,000 live births, highlighting the urgent need for targeted interventions to address this issue.

Essential Newborn Care (ENC) 1 and 2 are a critical component of newborn health, encompassing interventions that are proven to reduce newborn morbidity and mortality. These interventions include immediate and thorough drying, skin-to-skin contact, early initiation of breastfeeding, and hygienic cord care. However, health facilities in Uganda face challenges in implementing these practices due to lack of trained healthcare providers, inadequate infrastructure, and limited access to essential equipment and supplies.

To address these challenges, the Ministry of Health, in collaboration with UNICEF, is implementing the Essential Newborn Care Training Program. This program aims to improve the knowledge and skills of healthcare providers in essential newborn care practices, ensuring that every newborn receives high-quality care right from birth.

The training program targets healthcare providers working in maternity units, neonatal units, and other settings where newborn care is provided. It focuses on building their capacity to deliver evidence-based interventions and to use essential conditions effectively. By strengthening the skills of healthcare providers and improving the quality of newborn care, the program seeks to reduce newborn mortality and improve the overall health outcomes of newborns in Uganda. Lamwo being one of the UNICEF supported districts was targeted with this high-quality training.

FACILITATORS

Dr. Nakakeeto Margaret Kijjambu
Consultant Neonatologist

Julian Kemirembe
National Trainer

Sr. Kirikumwino Agnes
National Trainer

Walulya Charles
National Trainer

Sr. Mwogererwa Damalie
National Trainer

Sr. Namawanda Margaret
National Trainer

GOAL

Build capacity of frontline health workers in ENC 1 & ENC 2

OBJECTIVES

1. Improve Knowledge and Skills in Newborn Care
2. Strengthen Communication and Counseling Skills
3. Foster a Culture of Continuous Learning and Quality Improvement

Training centers

01 Madi Opei HC IV

02 Padibe HC IV

Target Facilities:

A total of 9 facilities were targeted

- Padibe HC IV
- Palabek General mission HC III
- Padibe West HC III
- Katumu HC III
- Palabek Ogili HC III
- Okol HC II
- Madi Opei HC IV
- Pawach HC III
- Agoro HC III

EXPECTATIONS, LEADERSHIP AND NORMS

EXPECTATIONS
Madi Opei HCIV

- To get new skills for resuscitation and skills in infection control
- To get Knowledge in newborn resuscitation
- The Knowledge received I want it to be designated to lower facilities
- To get new knowledge in newborn care
- To utilize all the time to achieve the intended objectives of the training.
- To make new friendships and be able to consult for help in case of any management of a sick newborn
- To refresh my knowledge and skill in neonatal resuscitation
- To know the role of CPAP in management of a sick new born
- To know the referral criteria for a sick new born and safest way to transport a sick new born during referral

LEADERSHIP
Madi Opei HCIV

- **Team leader:** Atimango Irene
- **Spiritual leader:** Abalo Grace
- **Time keeper:** Ojok Jacob
- **Welfare:** Adee Mauren
- **Energizer:** Onono Howard

EXPECTATIONS
Padibe HC IV

- New knowledge on Newborn care
- Updates on Helping babies survive
- How to care for sick babies
- Skills in resuscitation
- What takes place during the care of sick new-borns
- Get a hart to aid in resuscitation

LEADERSHIP
Padibe HC IV

- **Team leader:** Dr Oryem Bosco
- **Welfare:** Ayaa Catherine
- **Time keeper:** Quinto Ajandi
- **Spiritual leader:** Lamara Joyce
- **Energizer:** Christine Akullo and Laker Florence Sunday

METHODOLOGY

A range of adult teaching methods were employed ranging

Small group discussions

Demonstration and return demonstration

Modified lecture

CONTENT DISCUSSED

TOPIC	POINTS PRESENTED
• Introduction	• Introduction in terms of names, cadre, work station. • Participants shared their expectations • Workshop norms were set • Leaders for different roles were selected
New born situation in Uganda	• Interplay of factors that directly and indirectly contribute to neonatal mortality. • Pointing out the gaps that can be addressed to reduce neonatal mortality
Preparing for the birth	• The four major steps were demonstrated to the participants, which include identifying helpers and review the emergency plan, preparation of the area for delivery, hand washing and preparation of the ventilation area, and later each had to practice the four steps
Resuscitation (HBB approach)	• Emphasized the need to dry the baby immediately after birth and change the cloth and keep the baby warm skin to skin as you monitor breathing • Emphasized breathing in the first minute of life of the baby and a health worker should do all he can to initiate a breath in case the baby has not responded to drying and stimulation before one minute elapses. • It involves ventilating a baby about 40 times in a minute using bag and mask aiming at the normal respiratory rate of a newborn.

TOPIC	POINTS PRESENTED
Classifying LBW and identifying danger signs	• This is where the low birth weight are further classified into well and unwell small baby • Emphasized the importance of assessing these babies to identify the danger signs and the need to alert the mothers on what to look out for and return to the facility immediately for the same.
Thermal care of LBW	• Discussed the different waysbabies lose heat • Identified the different temperature ranges and the actions taken if outside the normal range thus thermal care. • Emphasis was that low birth weight babies present with hypothermia rather than hyperthermia and in case it persists seek advanced care.
KMC introduction (definition, types)	• Discussed with participants what they understand by KMC • They had different views of what it means but most of them mentioned skin to skin. • Listed the two types of KMC and when to apply each
Handling preterm and signs of stress	• Discussed the different correct ways of handling a preterm • Listed the different stress signals and how to reduce or prevent them

TOPIC	POINTS PRESENTED
Physiological effects of stress	• Discussed the different types of stress and their effects on brain development
KMC components	• This includes KMC position, nutrition, discharge, supportive environment both in hospital by staff then and at home by family members and the community
Control KMC neurophysiological behaviour and pain	• Discussed on how KMC helps to reduce pain and stress and boost brain development
Breastfeeding/ benefits/ positioning and attachment	• This was a practical session with demonstration and return demonstration of positioning and attachment on the breast
Assess breastfeeding readiness	• Discussed the different signs a baby shows that is ready to breastfeed like mouth widely open, opening eyes, moving lips etc.
Technique of breast milk expression	• Went through what you need like the mother being ready to express after she has known why, a clean cup and how to hold the breast as you hand express.
How to cup feed a LBW correctly	• Measuring the right amount and how to hold the cup and baby before cup feeding
NGT insertion and feeding	• Which size to use for each size of baby, how to measure the length to be inserted, marking where it stops and securing the tube
Infection control	• Definition, what is involved and where it is offered referring to how each facility is working and how to behave in a neonatal unit to control infection.

TOPIC	POINTS PRESENTED
Calculation of feeds	• We practiced calculations and dilutions of essential drugs for new born and giving the right dosages in relation to body weight. • We practiced how to calculate the right quantities of fluids for a new-born
Prompt referral and stabilization	• Early identification, treatment, and rehabilitation of any disorders in preterm and/or LBW infants, which may include the intervention of specialists. Support and counselling strategies for the family. Quality monitoring of the kangaroo clinical practice.
Planning for successful discharge and home care and follow up	• Re-enforcement of the training in kangaroo position, kangaroo nutrition for families trained in KMC at the hospital who are discharged home and training of new parents who are discharged directly from a hospital that does not implement KMC. Regular • There is also monitoring of somatic growth, neurological and psychomotor development, as compared to standards during the first year of life.
long- and short-term benefits of KMC	• This had so many benefits to the baby's development due the effect of oxytocin.
Action plan for KMC implementation and scale up	• They were guided on the development of their work plans that will enable them kick off in their own facilities according to the level of care.

PARTICIPANTS:

A total of 39 participants attended the training with a completion rate of 90% and dropout rate of 10%. The drop out was mainly attributed to transport challenges as these participants were from far off facilities, unable to meet the daily transport needs.

Figure1: Showing participants' training completion rate.

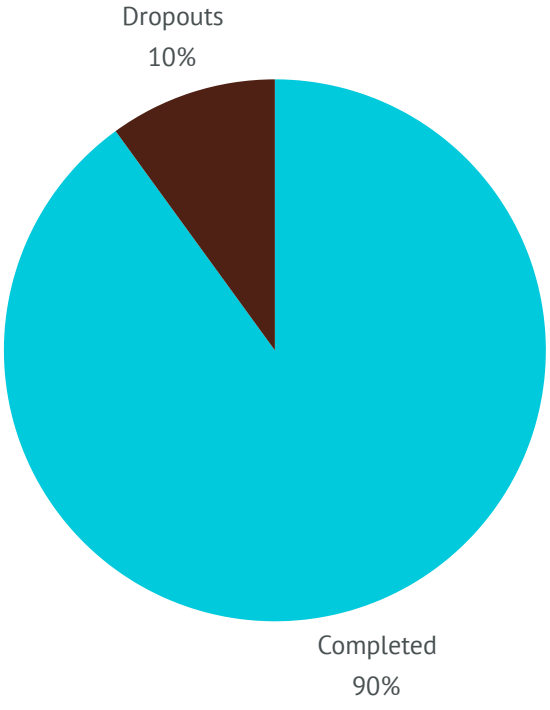
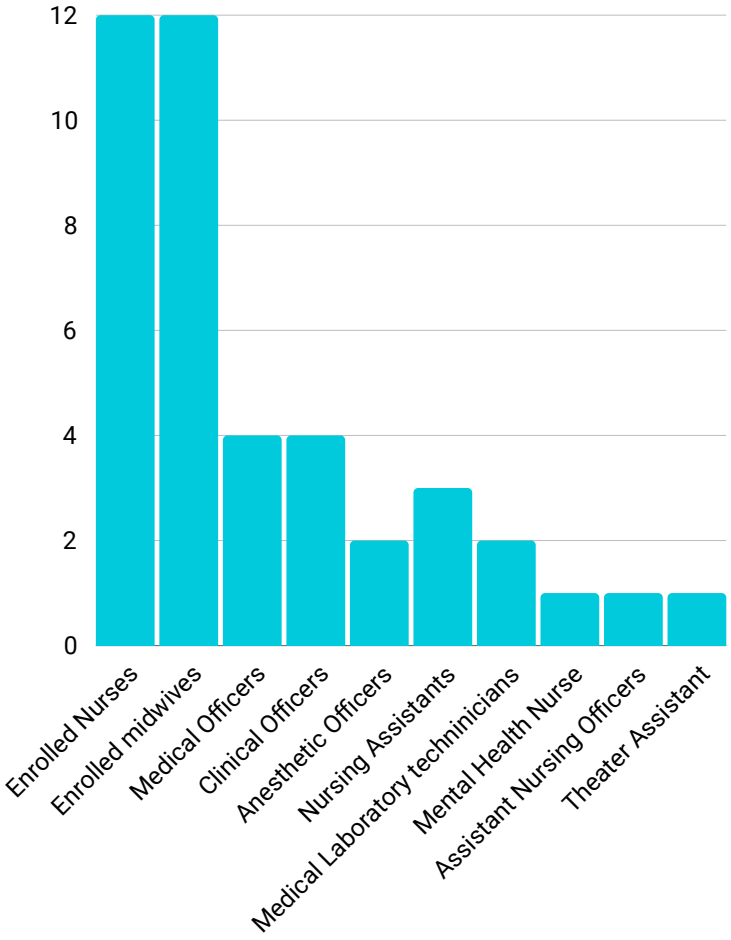
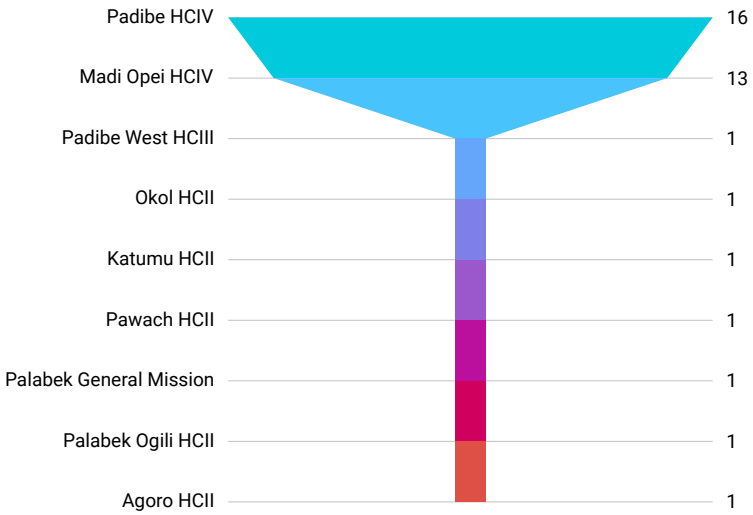


Figure 2. Participants' distribution by cadre



A substantial portion of participants are Enrolled Nurses and Enrolled Midwives(30.7%), highlighting a strong representation of front-line healthcare providers. The presence of Medical Officers and Clinical Officers(10.3%) indicates an inclusion of higher-level medical professionals in the training.

Figure 3: Work place Distribution



The participants come from various health facilities, primarily Health Centers (HC), categorized by levels (HC II, HC III, and HC IV). Padibe HCIV and Madi Opei HCIV are the primary sources of participants, reflecting possibly larger or more active health centers in the district or even being host sites. Other health centers (HCIII and HCII) have fewer participants, suggesting either smaller staff sizes or lower engagement in the training program. The distribution across multiple health center levels ensures a broad reach of the training, from basic health units to more advanced centers.

Results

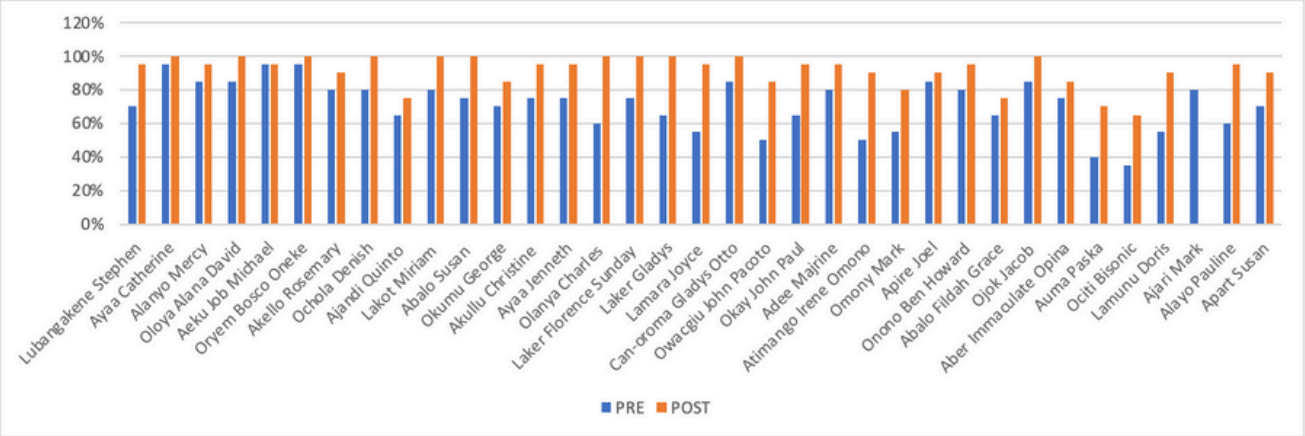
As per the design participants underwent knowledge and simulation skills assessments to inform the

Participants
RESULTS

As per the design participants underwent knowledge and simulation skills assessments to inform the trainers areas that required more focus. The table below provides a summary of the individual participants' scores for the respective modules.

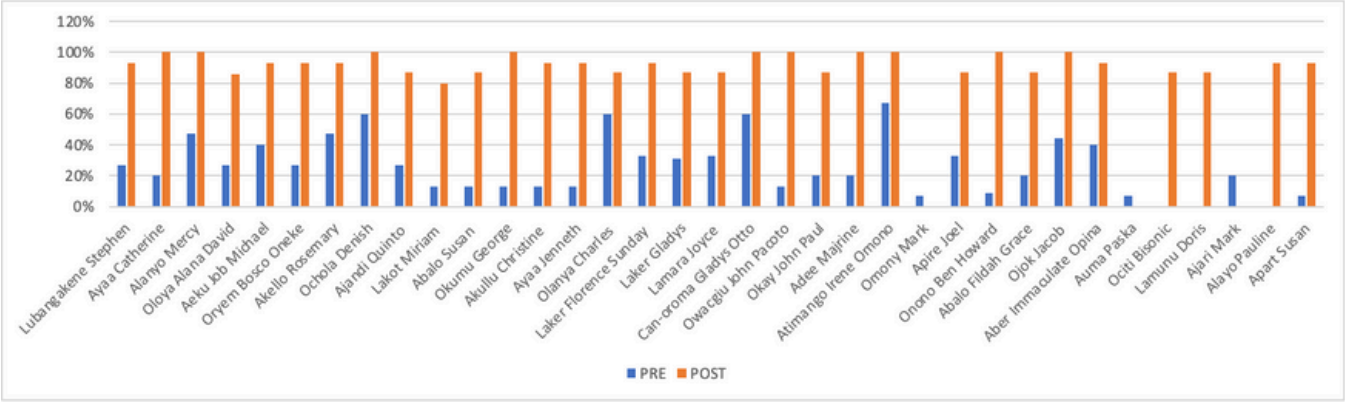
The dataset contains information on participants who underwent Essential Newborn Care (ENC) training, assessing their knowledge and skills before and after the training. The parameters evaluated include pre-knowledge, post-knowledge, pre-skill OSCE (Objective Structured Clinical Examination) A and B, and post-skill OSCE A and B. The data is categorized under ENC 1 and ENC 2 sessions

Figure 4: showing participants Knowledge assessment scores



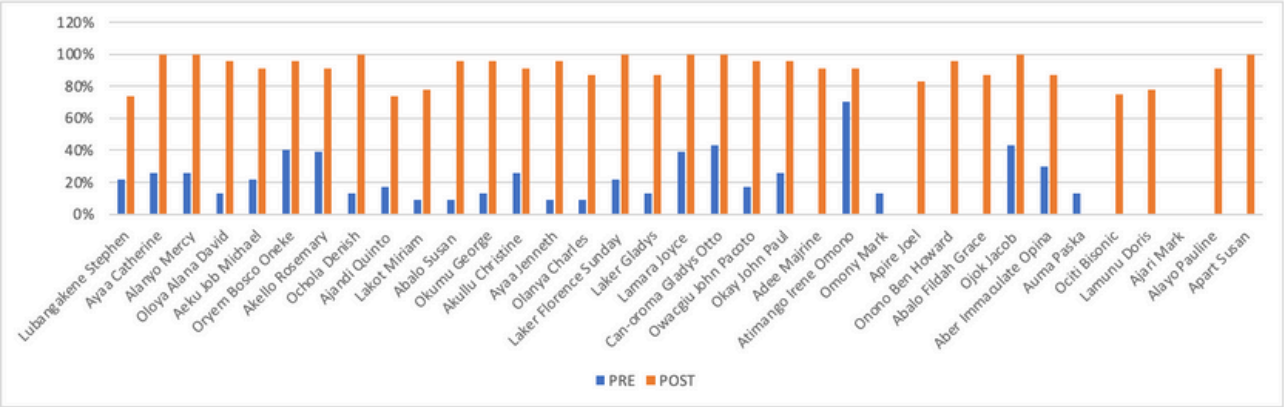
Participants began with pre-knowledge scores ranging from 35% to 95%, but post-knowledge scores showed significant improvement, with most participants scoring between 85% and 100%.

Figure 5 showing participants skills assessment on OSEC A (ESSESTIAL NEWBORN CARE)



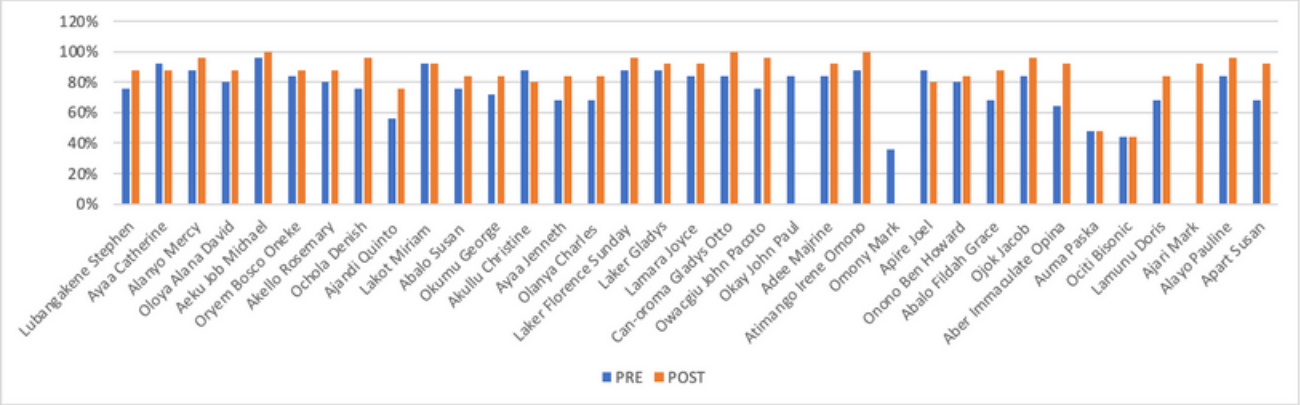
Initial OSCE A scores varied widely, with many participants scoring below 50%. However, post-training scores showed marked improvement, with most participants achieving scores above 80%.

Figure 6 showing participants skills assessment on OSEC B (ESSESTIAL NEWBORN CARE)



Pre-training OSCE B scores were generally low, similar to OSCE A. However, post-training scores showed significant improvement, with many participants achieving near-perfect scores.

Figure 7: Showing participants' Knowledge assessment on Essential Care for Every Baby. (ECEB)



Participants demonstrated a solid understanding of essential care for every baby, which was expected given that midwives routinely practice these skills during deliveries. Pre-test scores ranged from 44% to 92%. After the training, scores improved significantly, with the lowest at 76% and the highest at 100%.

Individual Participant Performance:

Participants such as Ayaa Catherine, Alanyo Mercy, and Can-oroma Gladys Otto consistently achieved high post-training scores, indicating excellent uptake and application of the training.
Participants with initially low scores, like Ociti Bisonic and Auma Paska, also showed substantial improvement post-training, though their scores remained lower compared to others.

Module Comparisons (ENC 1 vs. ENC 2)
For both modules' teams exhibited significant improvements in knowledge and skills. The ENC 2 module had generally higher pre-training knowledge scores, suggesting better initial preparedness or prior exposure to the training content.

Detailed Analysis;

Knowledge Scores:

Lubangakene Stephen increased from 70% to 95% (ENC 1), demonstrating a 25% improvement.

Ayaa Catherine scored 95% pre-knowledge and achieved 100% post-knowledge in both ENC 1 and ENC 2, showing consistent high performance.

OSCE Skill Scores:

Alanyo Mercy had significant improvements from 47% to 100% in OSCE A and from 26% to 100% in OSCE B (ENC 1).

Ajandi Quinto saw a notable rise from 27% to 87% in OSCE A and 17% to 74% in OSCE B (ENC 1).

Special Cases:

Ociti Bisonic started with a pre-knowledge score of 35% and improved to 65%, while OSCE scores moved from 0% pre-training to 87% and 75% post-training, indicating substantial progress despite low initial scores.

Ajari Mark had incomplete data for post-training OSCE scores, making it challenging to assess full progress.

RECOMMENDATIONS

01

Targeted Follow-up:

Participants with lower post-training scores, such as Ociti Bisonic and Auma Paska, should be given additional support and follow-up training to ensure sustained knowledge and skill retention.

02

Enhanced Training Modules:

Develop more interactive and practical modules for participants with lower pre-training scores to boost initial understanding and confidence.

03

Ongoing Assessment:

Implement periodic assessments post-training to measure knowledge retention and skill application in real-world scenarios.

04

Peer Learning:

Encourage participants with high scores to mentor those with lower scores, fostering a collaborative learning environment.

Participants engaging in hands-on training to master the art of expressing breast milk, ensuring optimal care for newborns.

FACILITY SPECIFIC WORK PLANS

AGORO HCIII WORK PLAN AIM: Improve Neonatal Care Services in the District Date: 28/6/2024					
Activity	**Target**	**Requirement**	**Time Frame**	**Responsible Person**	**Means Of Verification**
CME	9 staff	• HBS kits • Flip charts • Markers • Tape	By 8/7/24	Aparo Caroline	• Attendance list • CME register
Setting a ventilation area in labour ward	1 area	• Tables • Ventilation bags • Penguin suckers • Face masks	By 18/7/24	Aparo Susan + Akello Jillian	A function ventilation area in labour ward
Setting a stabilization area	1 area	• Oxygen • Tray with drugs • Emergency tray • Gloves • cannulas • Giving sets • I.V fluids	By 20/7/24	Alal Pammella	A functional stabilization area

MADI OPEI HCIV WORK PLAN AIM: Improve Neonatal Care Services in the District Date: 28/6/2024					
Activity	**Target**	**Requirement**	**Time Frame**	**Responsible Person**	**Means Of Verification**
CME	21 staff	• HBS kits • Flip charts • Markers • Tape	By 5/7/24	Ajari Mark	• Attendance list • CME register
Functionalize ventilation areas in labour ward & Theatre s	2 areas	• Tables • Ventilation bags • Penguin suckers • Face masks	By 10/7/24	Alojo Pauline & Aber Immaculate	Functional ventilation areas in labour ward & Theatre
Functionalize neonatal Unit	1	A Room with • Incubators • Radiant warmers • Baby cots	By 1/7/24	Atimango Irene	A functional neonatal Unit
Setting and functionalize KMC room	1	• Room • Beds • Waste bins • Tap water • Shelves	By 10/7/24	Atimango Irene	Functional KMC room

OKOL HCII, PAWACH HCII, PATIKA WORK PLAN AIM: Improve Neonatal Care Services in the District Date: 28/6/2024					
Activity	**Target**	**Requirement**	**Time Frame**	**Responsible Person**	**Means Of Verification**
CME	2 staff (Each facility)	• HBS kits • Flip charts • Markers • Tape	By 3/7/24	• Adde Maurine (Okol HCII) • Ojok Jaco (Pawach HCII) • Aparo Susan (Agoro HCII) • Onono Ben Haward (Potika HCII)	• Attendance list • CME register
Setting a ventilation area	1 area	• Tables • Ventilation bags • Penguin suckers • Face masks	By 4/7/24	• Adde Maurine (Okol HCII) • Ojok Jaco (Pawach HCII) • Aparo Susan (Agoro HCII) • Onono Ben Haward (Potika HCII)	A function ventilation area in labour ward
Setting and functionalize KMC room	1	• Room • Beds • Waste bins • Tap water • Shelves	By 11/7/24	• Adde Maurine (Okol HCII) • Ojok Jaco (Pawach HCII) • Aparo Susan (Agoro HCII) • Onono Ben Haward (Potika HCII)	A functional KMC room

Work plan for KATUM Health Center III

Gap	Activity	Resources needed	Responsible person	Time frame	Proof/ means of verification
Knowledge gap on HBS by staff	Conduct CMEs on HBS	Flip charts IEC materials Action plan, ENC1 and ENC2 Resuscitation simulator for newborn	John, Polline, joseph and Janet	3/7/2024 On going	• Staff attendance list • Complete report after training including individual assessment
Facility has no KMC corner	Identify a KMC corner	Bed, mattress, hand washing equipment.	John, polline, Janet, and Joseph	By 5/7/2024	A Functional KMC corner in place.
Facility lacks essential commodities for HBS care	All essential commodities must be set on trays and trolleys with checklists	Trays and trolleys needed All essential drugs for HBS care Funds to purchase missing items	John, polline, Janet, and Joseph	3/7/2024 On going	Compete functional trays and trolleys set with a checklist
No health talks given to mothers about newborn care	Conduct daily health education talks to mothers	IEC materials	John, polline, Janet, and Joseph	Starting on 2/7/2024 and ongoing.	Health education book with the different topics given, photos of the group taught.

Work plan for St Peter and Paul HCIII

Gap	Activity	Resources needed	Responsible person	Time frame	Means of verification
Staff lack knowledge on HBS	Organize and carryout CMEs on HBS	Flip charts Markers Action plan of ENC1 and ENC2	Mercy	3/7/2024 ongoing	Attendance list Number of sick babies cared for documented in the newborn register
Un functional oxygen concentrator	Submitting a request of a new concentrator to the DHOs office	Requisition book Transport to the district	Sr. Caroline	28/7/2024	A functional concentrator
No newborn register	Collect one from district store	Requisition	Mercy	28/7/2024	A newborn register in place
No KMC corner at the facility	Identify one corner in postnatal ward	Beds Mattress Hand washing equipment	Mercy Sr carol EM Caroline	15/7/2024	A functional KMC corner

Work plan for Palabek Gem HCIII

Gaps	Activity	Resources needed	Responsible person	Time frame	Means of verification
Knowledge gap on HBS among staff	Organize and carryout CME on HBS	Flip charts Marker Action plans	Joyce Christine	3/7/2024 ongoing	Attendance list Increase number of sick babies cared for documented in the newborn register
Lack of essential commodities for essential newborn care	Request for missing equipment from the DHO office	Requisition forms with list of equipment	Bosco in charge	By 9/7/2024	Equipment available in the facility and documented in inventory.
No health education talks given to mothers	Conduct daily health education talks to mothers	IEC materials	Christine Bosco Denis Kenneth Ambrose	5/7/2024 and ongoing.	Health education talk book with topics given.

Work plan for Padibe west HCIII

Gaps	Activity	Resources needed	Responsible person	Time frame	Means of verification
Knowledge gap on HBS among staff	Organize and carryout CME on HBS	Flip charts Marker Action plans	Jenneth	7/7/2024 ongoing	Attendance list Increase number of sick babies cared for documented in the newborn register
No KMC corner at the facility	Identify one corner in postnatal ward	Beds Mattress Hand washing equipment	Jenneth Irene	2/7/2024	A functional KMC corner
No health talks given to mothers	Conduct daily health education talks to mothers	IEC materials	Jenneth Ben Roger Joshua	3/7/2024 On going	Health education talk record book
No emergency tray for newborn care drugs	Setting up the emergency tray.	Emergency drugs for newborn care Trays	Irene Stella	2/7/2024	A set tray with all the emergency newborn care drugs

Work plan for Palabek Ogili HCIII

Gaps	Activity	Resources needed	Responsible person	Time frame	Means of verification
Knowledge gap on HBS among staff	Organize and carryout CME on HBS	Flip charts Marker Action plans of ENC1 and ENC 2	Charles Nancy	3rd /7/2024 ongoing	Attendance list Increase number of babies documented in the newborn register
No KMC corner at the facility	Identify and set up KMC corner in postnatal ward	Beds Mattress Hand washing equipment	Charles Nancy Susan Vicky Sarah	4th /7/2024	A functional KMC corner in place
Lack of essential commodities for essential newborn care	Request for missing equipment from the DHO office	Requisition forms	Nancy Charles	28th /7/2024	Equipment available in the facility and documented in inventory

Work plan for Padibe HCIV

Gaps	Activity	Resources needed	Responsible person	Time frame	Means of verification
Knowledge gap on HBS	Conduct CME on HBS	Stationaries Action plans, Neonatalies	Opobo George	Starting 3rd /7/2024 and ongoing	Attendance list, photos for those trained.
Poor IPC practices on hand washing for both health workers and patients	• Conduct health education talks to mothers • Installing hand washing equipment	Job aids on hand washing Hand washing equipment	Rose Mary and Miriam	3rd/7/2024	-Functional hand washing corners in all care points -Reduced number of babies admitted with sepsis
Incomplete documentation of the sick newborn cared for in the register.	On site mentorship of all staff on how to fill the register	Newborn register Pens.	Catherine And Gladys	5th /7/2024 and ongoing.	Complete documentation in the new born register Displayed neonatal unit baby matrix

LIST OF PARTICIPANTS

NAME	TITLE	CONTACT	PLACE OF WORK
AYAA CATHERINE	Enrolled Midwife	771890446	Padibe HCIV
LUKANGAKENE STEPHEN	Enrolled Nurse	771986655	Padibe HCIV
ALANYO MERCY	Enrolled Midwife	760606636	Padibe HCIV
ATEK JOB MICHEAL	Medical officer	783029387	Padibe HCIV
ORYEM BOSCO ONEKA	Medical officer	785608036	Padibe HCIV
OLOYA ALAPA DAVID	Enrolled comprehensive Nurse	779632411	Padibe HCIV
ABALO SUSAN	Enrolled Midwife	785236901	Padibe HCIV
AJANDI QUINTO	Enrolled Nurse	785603736	Padibe HCIV
OCHOLADENISH	Medical officer	773536183	Padibe HCIV
LAKOT MIRIAM	Enrolled Midwife	789155576	Padibe HCIV
AKELLO ROSEMARY	Enrolled Midwife	772319327	Padibe HCIV
OKUMU GEORGE OPOBO	Clinical officer	787297662	Padibe HCIV
LAMARA JOYCE	Enrolled Midwife	761809093	Palabek General mission HCIII
LAKER FLORENCE SUNDAY	Registered Midwife	782927865	Padibe HCIV
CAN-OROMA GLADYS OTTO	Aneathetic officer	782687426	Padibe HCIV
AKULLO CHRISTINE	Senior assistant Nursing officer	771852052	Padibe HCIV
AYAA JENNETH	Enrolled Nurse	772204570	Padibe West HCIII
LAKER GLADYS ROSE	Enrolled Midwife	770778112	Padibe HCIV
OWACGIU JOHN PACOTO	Enrolled Nurse	781603744	Katumu HCIII
OLANYA CHARLES	Nursing assistant	777484826	Palabek Ogili HCIII
OKAY JOHN PAUL	Aneathetic officer	782152395	
ADEE MOURINE	Enrolled Nurse	772597820	Okol HCII
ATIMANGO IRENE OMONO	Registered Midwife	778835405	Madi Opei HCIV
OMONY MARK	Clinical officer	785546255	Madi Opie HCIV
APIRE JOEL	Enrolled Nurse	783097682	Madi Opei HCIV
ONONO BEN HOWARD	Enrolled Nurse	781444591	Pawach HCII
ABALO FILDAH GRACE	Enrolled Nurse	777363682	Madi Opei HCIV

LIST OF PARTICIPANTS

OJOK JACOB	Enrolled comprehensive Nurse	782020179	Madi Opei HCIV
ABER IMMACULATE OPINA	Enrolled Midwife	785318757	Madi Opei HCIV
AUMA PASKA	Nursing assistant	776130136	Madi Opei HCIV
OCITI BISONIC	Nursing assistant	775010025	Madi Opei HCIV
LAMUNU DORIS	Clinical officer	786038615	Madi Opei HCIV
OCIRA JAMES WELL	Medical Laboratory technician	783097682	Madi Opei HCIV
OBOL JUSTINE	Clinical officer	773228260	Madi Opei HCIV
AJARI MARK	Mental health Nurse	777874000	Madi Opei HCIV
ALAYO PAULINE	Theater assistant	876176786	Madi Opei HCIV
APART SUSAN	Enrolled Midwife	0760600193	Agoro HC III
OKOT MICHEAL	Medical Laboratory technician		Madi Opei HCIV

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

NEWBORN CARE ONSITE TRAINING REPORT IN LAMWO DISTRICT

Prepared By :
The Trainning Team

unicef